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ABSTRACT

Data relating to population and family planning in four foreign countries are presented in these situation reports. Countries included are Cuba, Guyana, St. Vincent, and Surinam. Information is provided, where appropriate and available, under two topics, general background and family planning situation. General background covers ethnic groups, language, religion, economy, communication/education, medical/social welfare, and statistics on population, birth and death rates. Family planning situation considers family planning associations and personnel, government attitudes, legislation, family planning services, education/information, sex education, training opportunities for individuals, families, and medical personnel, program plans, government plans, and related supporting organizations. Bibliographic sources are given. (BL)



Situation Report

Distribution

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Country CUBA

Date MARCH 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

ED 062198

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			114,524 sq.kms. ¹
Total population	5,520,000	6,819,000	8,505,000(1971)
Population growth rate		2.0%	2.0%(1965-70)
Birth Rate		28.0 ²	27.3 per 1,000 (1965-70)
Death Rate		8.0 ²	7.5 per 1,000 (1965-70)
Infant mortality rate		38.0 ²	38.0 per 1,000 (1965) ²
Women in fertile age group (15-44yrs)		1,525,000	1,851,000(1970)
Population under 15 yrs		36.0%	34.0%(1970)
Urban population		51.8% ³	55.5% (1970) ³
GNP per capita			US\$280(1969) ⁴
GNP per capita growth rate			-3.2%(1960-69) ⁴
Population per doctor			1,150(1968) ¹
Population per hospital bed			190 (1968) ¹

Unless stated otherwise the source for the table is the Boletín Demográfico of the Centro Latinoamericano de Demografía, Year IV, No.8, Santiago de Chile, July 1971.

1. United Nations Statistical Yearbook, 1970.
2. Datos Básicos de Población en América Latina, 1970; Departamento de Asuntos Sociales, Secretaría General de la OEA, Washington, D.C.
3. World Bank Atlas, published by the International Bank for Reconstruction and Development, 1971.

* This report is not an official publication but has been prepared for informational and consultative purposes.

I. GENERAL BACKGROUND

Since Dr. Fidel Castro seized power in 1959 the reorganisation of Cuban society on a marxist-revolutionary basis has proceeded at a remarkable speed. In particular the health and education sectors have benefited from the priority given to social investment, with the result that Cuba has some of the most comprehensive health, welfare and education facilities in Latin America. Only very recently has greater emphasis in investment been shifted to the agricultural sector.

There is no official concern over population growth. Over half a million people have emigrated since 1959, the majority to the U.S.A. Before the Castro revolution Cuba suffered from the urban growth and overcrowding common in other countries of Latin America but with the introduction of strict Government control over migration to the towns and cities and of a policy of rural infrastructure development, the tendency towards urban concentration has been checked. At its present rate of growth the population will double within 35 years. In 1967, the capital, Havana, had 1.7 million inhabitants.

Ethnic

Nearly 75% of the population are of European (spanish) origin; of the remainder half are of mixed and half of Negro origin.

Language

Spanish

Religion

There is freedom of religion. The majority of the population is Roman Catholic.

Economy

The economy is state-organised and based on agriculture; sugar is the chief crop and Cuba produces 10% of the total world output. It forms 85% of national exports. Cuba's export trade is mainly with the USSR and East Europe. Tobacco is the second largest crop, and the cattle, poultry and fishing industries are also important. The recent high investment in the agricultural sector is aimed at raising production and productivity and at creating employment opportunities in the rural areas.

As a result of the government's ideological goal of women's liberation and of labour shortages, the employment opportunity structure for women has changed radically since the revolution. In 1965, 90,000 women were engaged in non-agricultural jobs; by 1968 the number had increased to 370,000 and it is expected to reach one million by 1975.

Communications/Education

The island's main population centres are served by a road and railway network. The state is extending the road system. External communications are very limited as a result of Cuba's political and economic isolation, in particular from most members of the Organisation of American States and from the U.S.A.

There are eight daily newspapers in Havana and other large towns, and over 30 periodicals. Broadcasting is supervised by the Ministry of Communications and in 1970 there were 1,326,000 radio and 260,000 television receivers. Radio Habana broadcasts in several languages as well as Spanish, including Portuguese, Quechua and Guaraní.

Education is universal and free up to university level. Students are assisted through higher education by national scholarships and student loans. Primary education is compulsory between the ages of six and twelve, and as a result of the rapid expansion of facilities, almost all the island's children have a school nearby. There is however a shortage of trained staff. The state provides kindergartens and creches for the under sixes, the majority of which are residential. Children can be put in a creche for care from their forty-fifth day. As a result of the state-conducted adult literacy and education classes the literacy rate has been raised to a very high level. Women's education and training has been greatly increased to the point where approximately half of all medical students are women.

Medical/Social Welfare

The Ministry of Public Health is responsible for health services for the population which are provided free. Despite the relative shortage of trained persons the ratio of medical personnel to population is higher than in most countries of Latin America. Medical students are being trained in increasing numbers by the Ministry of Education. On completing their training doctors are obliged to spend two years in practice in a rural area.

The construction of health centres with hospitals attached in rural zones has ensured that both rural and urban areas are well provided with facilities. Preventive medicine has been fully integrated into the health service and as a result polio, malaria and tuberculosis have been almost eliminated. Over 90% of babies are born in a hospital or health centre and the state provides new mothers with intensive care, and subsidised food, clothing, and drugs as well as special leave of absence from work. Large families receive priority in housing. Such benefits are valuable in view of the rationing of food and clothing, and the shortage of housing and consumer goods.

A social security system provides unemployment benefits and pensions, and free services have been introduced in a number of fields, including health, education, housing, and urban transport.

II. FAMILY PLANNING SITUATION

There are no privately organised family planning services in Cuba. Birth control advice and facilities are provided by the Ministry of Public Health as part of its maternal and child care services and both contraception and abortion are widely available.

Attitudes

The Government of Cuba supports birth control in order to reduce maternal mortality, in particular from abortion, to improve the health of both mothers and children including the reduction of infant mortality, and to encourage women to participate actively in the labour force. The reduction of fertility is not one of the Government's aims.

The Government recognizes that there are serious problems in Cuba, as a result of the high dependency ratio and of the need for additional capital investment to increase production for the support of a growing population. Increased productivity rather than lower fertility is considered to be the primary solution. In an international context Dr. Castro has acknowledged the serious problem of rapid population growth which exists in many countries but does not accept that birth control offers any solution.

There is wide acceptance of birth control and family planning in Cuba, in particular amongst the medical profession who are concerned at the great cost in life and medical resources which results from the high level of illegal abortion.

Legislation

The sale of contraceptives is under the control of the Ministry of Public Health.

Abortion is illegal unless performed for the following reasons: to save the mother's life or to avoid serious damage to her health; to avoid transmission of hereditary disease or a serious contagious illness; and when the pregnancy results from rape or violation.

Government

History

Since 1964, when the Zipper ring was first introduced into Cuba, officials of the Gynaecological Department of the Ministry of Health and members of the Cuban Association of Obstetrics and Gynaecology have expanded their interest in family planning as preventive medicine into the introduction of family planning services into Ministry of Public Health facilities.

Lack of equipment and inadequate knowledge of the latest scientific techniques and developments have been an obstacle, in particular in view of Cuba's commercial, cultural and political isolation from the USA, where many of the advances in the field of contraception are being made. It was a Chilean gynaecologist who introduced the Zipper ring into Cuba; subsequently Cuban professionals began to make contact with other experts in the field. At the UN Population Conference in Belgrade in 1965 the Cuban delegation, including the head of the Gynaecological Department of the Ministry of Health, met representatives of the IPPF Western Hemisphere Region and Dr. Alan Guttmacher, of Planned Parenthood World Population. The meeting led to Dr. Guttmacher's participation in a Cuban national seminar on gynaecology and obstetrics in 1966, at which the Cuban's deep interest in contraceptives and family planning became even more obvious. Correspondence developed with the Western Hemisphere Region, which provided Lippes IUDs via Canada.

As a result of these activities and contacts family planning was introduced into the Ministry of Public Health's mother and child care services. It is probable that family planning was first made available after the introduction of the Zipper ring in 1964 and that the movement intensified when Lippes loops became known and available through the supplies from the IPPF. Services are free and all women are entitled to birth control advice when eight week post-partum visits are made, at centres or hospitals. Loops are inserted automatically after abortion.

Exchange of information continued during 1966 and 1967. Two Cubans attended the Regional Training programme for one month at Santiago de Chile and a Cuban delegation was present at the IPPF International Conference in Chile in 1967. Two return visits by experts were made to Cuba to attend seminars.

There has been no regular communication with Cuba since 1967.

Services

Contraception is provided in public health facilities on request or as recommended by doctors following abortion. Contraceptive supplies and IUD insertions are free. The oral pill is available but is not commonly used. Three types of IUD are used, rings, loops, and coils; condoms and diaphragms are also distributed, purchased from countries of East Europe.

Despite the legal restriction on abortion, in fact almost any woman, married or single, who requests an abortion and explains her reasons can obtain permission. The operation is performed in about 95% of cases. A recent estimate puts the number of abortions carried out in Havana at 2,000-2,600 a month.

Education/Information

Information on birth control is included in health information broadcasts on radio and television. No great emphasis is placed on this as contraception is regarded as a routine part of health services.

Other assistance

IPPF: in 1970 the Western Hemisphere Region of the IPPF sent 1,000 Lippes loops to Cuba.

SIDA: (Swedish International Development Authority): in 1970 SIDA made an agreement with the Cuban Government to supply equipment for the maternal and child health service which included seven X-ray units, seven vehicles, seven portable incubators, and specialized literature.

Other sources

- Contraception and Abortion in Cuba, article by Dr. José Chelela, IPPF Medical Bulletin, Vol.5, No.5, October 1971.
- Some Demographic Consequences of the Cuban Revolution, article by B. Maxwell Stamper, Concerned Demography, Vol.2, No.4, March 1971.
- Fourth Report on the World Health Situation, 1965-1968, Official Records of the World Health Organization No.192, WHO Geneva,
- The Europa Year Book 1971. A World Survey. Vol. II.



Situation Report

Distribution *

Country **GUYANA**

Date **APRIL 1972**

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			214,969 sq.kms.
Total population	406,005	560,330	714,000(1970)
Population growth rate		3.0%(1958-61)	3.0%(1963-70)
Birth rate	42.9(1950-4)	42.9	36.3 per 1,000 (1968)
Death rate	13.4(1950-4)	8.9	7.6 per 1,000 (1968)
Infant mortality rate	79.2	61.2	38.3 per 1,000 (1968)
Women in fertile age group (15-44)	87,745	109,374	154,611(1969)
Population under 15 yrs	40.0%	46.0%	44.0%(1969)
Urban population		15.5%	29.5%(1970)
GNP per capita			US\$340(1969) ¹
GNP per capita growth rate			0.7%(1960-69) ¹
Population per doctor			4,410(1968) ²
Population per hospital bed			210(1968) ²

Unless otherwise stated the source for the table is the United Nations Demographic Yearbook.

1. World Bank Atlas, published by the International Bank for Reconstruction and Development, 1971.
2. United Nations Statistical Yearbook, 1970.

* This report is not an official publication but has been prepared for informational and consultative purposes.

1. GENERAL BACKGROUND.

Guyana, the former colony of British Guiana, gained its independence in 1966 and became a republic in 1970. The majority of its highly heterogeneous population, about 94%, lives in the coastal strip. The interior is mainly inhabited by the Amerindians who number about 30,000. The Government is seeking to raise the general standard of living of the Amerindians and to integrate them into the national community.

Guyana faces many problems of social and economic development compounded by a high rate of population growth. At its present growth rate the population will double within 24 years. In particular unemployment is a serious problem: in 1965 about 21% of the total labour force were unemployed. The Government's Development Programme, 1966-1972, aimed to develop resources, raise productivity, and expand labour opportunities.

Ethnic

In 1970 approximately 50% of the population were of East Indian origin, 30% African, 11% of mixed origin, 4% Amerindian, and small groups of Chinese, Portuguese, and other Europeans.

Language

English is the official, commercial and most widely used language. Hindi, Urdu, Amerindian languages, and a local patois are also spoken.

Religion

There are a number of Christian Churches, as well as Hindu and Muslim groups. The largest groups are the Hindus (300,000), Anglicans (130,000), Roman Catholics (100,000), and Muslims (93,000).

Economy

The economy is based on agriculture which in 1960 employed 39% of the working population, formed 28% of total production, and 65% of total exports. Sugar and rice are the main crops. There are valuable mineral and forestry resources, and bauxite, alumina and some timber are exported.

Communication/Education

The coastal strip has a good road system and a small railway network. Communication with the interior is mainly by river and by air.

Two daily newspapers and 14 other journals are published. There are two radio broadcasting services and in 1970 there were 200,000 radio sets.

Although general literacy is high there is a shortage of facilities and skilled staff. Education is free from five to sixteen years and compulsory from six to fourteen years. Recently emphasis has been given to the development of home economics courses at secondary level, to broaden the practical scope of the curriculum. There is one university.

Medical/Social Welfare

General health care and environmental sanitation have been improved, bringing about a rapid decline in the general and infant mortality rates. The Minister of Health has overall responsibility for public health services which are provided through health centres and hospitals.

In 1967 79% of all births were attended by a doctor or a qualified midwife.

II. FAMILY PLANNING SITUATION

There are no organized family planning activities in Guyana. Some services are available at clinics organized on the initiative of private physicians and nurses or are provided by medical practitioners as part of their private practice. There is no known Government activity in family planning.

A private family planning service in the capital, Georgetown, initiated by local nurses and volunteers, has received IPPF publications and information material.

Address.

Planned Parenthood Clinic,
70 Hadfield Street
Housing Scheme Lodge
Georgetown
Guyana.

Government

At present there are no known official activities in the field of family planning. In the Development Programme, 1966-1972, plans for the reorganization of the health service made a reference to family planning. The newly organized health centres were to carry out a wide range of activities including:

" - - facilities for maternal and child welfare work, including midwifery, public health nursing, environmental sanitation, control of contagious diseases, health education, family planning and the treatment of minor medical surgical conditions."

It is not known whether the plans were put into effect and in general the Government is not sympathetic to population control. However in 1971 the Permanent Secretary to the Minister of Health officially invited the International Alliance of Women to hold a seminar on "The demographic Implications of Women's Participation in Society" in Guyana in 1972, with the Alliance's local group acting as hosts. The seminar will include discussion of family life and planned parenthood education and of the demographic situation.

Sources

- Fourth Report on the World Health Situation, 1965-1968
Official Records of the World Health Organization No. 192
WHO Geneva June, 1971.
- The Europa Year Book. 1971 Vol. II
The ABC of the Development Programme, 1966 - 1972 published
by the Guyana Information Services.
- West Indies and Caribbean Year Book, 1968.



Situation Report

Distribution *

Country **ST.VINCENT**

Date **APRIL 1972**

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			388 sq.kms.
Total population	67,000	79,948	96,000(1970)
Population growth rate			1.9%(1963-70)
Birth rate	39.9	48.6 (1961)	35.7 per 1,000 (1968)
Death rate	15.3 (1950-54)	14.7	8.9 per 1,000 (1968)
Infant mortality rate	115.0 (1950-54)	132.0	72.2 per 1,000 (1968)
Women in fertile age group(15-44)			15,511(1960)
Population under 15 yrs			49% (1960)
Urban population			13.7% (1960)
GNP per capita			US\$220(1969) ¹
GNP per capita growth rate			0.7%(1960-69) ¹
Population per doctor			7,580(1967) ²
Population per hospital bed			230(1966) ²

Unless otherwise stated the source for this table is the United Nations Demographic Yearbook.

1. World Bank Atlas, published by the International Bank for Reconstruction and Development, 1971.

2. United Nations Statistical Yearbook, 1970.

* This report is not an official publication but has been prepared for informational and consultative purposes.

I. GENERAL BACKGROUND

The small island of St. Vincent in the East Caribbean is part of the Windward group of islands. At the end of 1971, together with Dominica, Grenada, Guyana, St. Kitts/Nevis, and St. Lucia, St. Vincent published a joint plan to form a new West Indian state by 1973.

Rapid population growth has been a cause of concern. In 1965 demographic studies revealed that the population would almost double within 20 years. The island has a population density of 247 persons per square kilometre and the majority of the inhabitants are rural. The capital, Kingstown, had 22,000 inhabitants in 1968.

Ethnic

The majority of the population are of African and mixed descent. There are small Amerindian, European and East Asian minorities.

Language

English is the official language. A local patois based on French is also spoken.

Religion

Mainly Protestant.

Economy

The economy is agricultural, the chief crops and exports being sea-island cotton, arrowroot, bananas and coconuts.

Communications/Education

There are 600 miles of roads, and regular sea and air links with other islands in the group. There is a weekly newspaper. The island is covered by the radio services of the Windward Islands' Broadcasting Service.

Primary education is provided by the State, and secondary education by independent schools.

Medical/Social Welfare

The Government runs general health clinics, including mother and child welfare services, and general hospitals. There is a shortage of doctors.

II. FAMILY PLANNING SITUATION

A private Association provides family planning services, mainly in government facilities, and with official financial support.

Attitudes

The Government of St. Vincent is concerned to limit the rapid growth of the island's population. It has always supported and encouraged the Association's activities.

Legislation

The Government allows the duty-free import of all family planning equipment and supplies.

Family Planning Association

History

In December 1965, the St. Vincent Planned Parenthood Association was founded on a voluntary basis by a group of community leaders. In 1967, both the IPPF and the Government gave financial assistance for the first time.

A family planning clinic was opened in the capital, Kingstown, in 1966, and, by an agreement with the Government, family planning services were also made available in 21 Government rural health clinics for mothers and children. By 1970 this number had grown to 25.

In 1968 the Association occupied its new headquarters' building in Kingstown.

Address

St. Vincent Planned Parenthood Association,
Victoria Park West),
P.O. Box 99,
Kingstown,
St. Vincent.

Personnel

President: Mr. W.H. Lewis, M.B.E.,
Vice-President: Brigadier C. Leopold
Executive Secretary: Mr. E.B. John

Services

The Association runs a central clinic in Kingstown and provides contraceptive supplies to the 25 public health centres throughout the island. In 1969, the Government had given the Association permission to use its health centres for family planning work and by the end of 1970 the cooperation of the nurses in charge of the centres had been gained. Family planning thus became part of routine maternal and child health care.

In 1970 the Association served 1,338 new acceptors through its main clinic and the 25 centres, and attended 6,573 follow-up visits. Most contraceptive methods are available. In 1970, 48% of the new and 54% of old acceptors used oral contraceptives. A small charge is made for supplies to those who can afford to pay.

In the first half of 1971 new acceptors numbered 495 and there was a total of 3,244 acceptors registered.

Information/Education

Person-to-person contact and motivation have received priority in the Association's educational programme. A team of field-workers work in both rural and urban areas, giving talks, showing films, demonstrating contraceptive devices, visiting homes, and distributing simple contraceptives, especially foams and condoms.

In 1970, the Association employed 12 field-workers. Over 100 meetings, with films and discussions, were held. Great emphasis was put on the motivations of men, resulting in an appreciable increase in the

sale of condoms, and of unmarried mothers, who were encouraged to limit their families to three children.

Leaflets and posters are produced and distributed, but the press and radio are not used extensively. In 1970, the Association took part, at the Government's invitation, in an exhibition held for Health Week. It was an opportunity to promote the advantage of small families to a large audience.

Early in 1971 a field nurse was hired to be responsible for information and education work together with the field-work team. In the first half of the year she organized 17 film shows attended by 3,400 persons. The Association's Executive Secretary was invited to give talks and film shows to various groups including student teachers, the Police Association, and the YWCA.

Sex Education

The Association provides information on family planning for senior pupils and school leavers. In 1972 the Association is organizing lecture courses for school teachers to prepare them to give sex education to the 12 to 15 years age group.

Training

Assistance has been given by the Family Planning Association of Barbados in training of staff. In 1969 the field-workers from St. Vincent received their initial training in Barbados. The Association in St. Vincent runs regular in-service training sessions for its field-team under the supervision of the two senior field-workers. A training programme for the country's public health nurses is now being developed by the field nurse, and in late 1971 a one-day seminar was held to train government nurses and public health workers in family planning.

In 1970 the Association in cooperation with the Ministry of Community Development ran a three day course on family planning and community development for workers in these fields. There were 14 Association staff among the 40 participants.

Government

The Government actively supports family planning. In 1971 it increased its financial grant by 21% over the 1970 level. The Government also provides official health facilities and staff time. The Association enjoys tax-exempt status and the Governor of the state is the Association's Patron.

Other support

The Association has received financial support from OXFAM for staff salaries, films and projection equipment and for a vehicle.

Sources

- St. Vincent Planned Parenthood Association, Annual Report to the IPPF, 1970

- _____, Semi-Annual Fiscal Report to the IPPF, January 1 - June 30, 1971.

- St. Vincent Planned Parenthood Association, 1972 Budget submitted to the IPPF.
- The Europa Year Book. 1971. Vol.II.



Situation Report

Distribution *

Country **SURINAM**

Date **APRIL 1972**

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			163,265 sq.kms.
Total population	183,681	324,211(1964)	393,000 (1970)
Population growth rate		4.5%(1958-61)	3.1%(1963-70)
Birth rate	42.1 (1950-54)	44.5(1961)	40.9 per 1,000 (1966)
Death rate	10.2 (1950-54)	8.2	7.2 per 1,000 (1966)
Infant mortality rate	42.6 (1950-54)	44.0 (1961)	30.4 per 1,000 1966)
Women in fertile age group(15-44yrs)			62,661(1964)
Population under 15			45% (1964)
Urban population		34.5% ¹	37.8%(1970) ¹
GNP per capita			US\$560 (1969) ²
GNP per capita gr growth rate			5.4%(1960-69) ²
Population per doctor			2,530(1969) ³
Population per hospital bed			190(1966) ³

Unless otherwise stated the source for the table is the United Nations Demographic Yearbook.

1. United Nations Monthly Bulletin of Statistics, November 1971
2. World Bank Atlas, published by the International Bank for Reconstruction and Development, 1971.
3. United Nations Statistical Yearbook, 1970.

* This report is not an official publication but has been prepared for informational and consultative purposes.

1. GENERAL BACKGROUND.

Since 1964 Surinam, formerly Dutch Guiana, has been part of the Kingdom of the Netherlands with full internal autonomy. Its highly heterogeneous population is the result of a history of European colonization, of labour migrations from Asia and Africa, and of negro slavery. The capital, Paramaribo, has a population of over 100,000 persons, (1964-110,867), and the population density is two persons per square kilometre.

The population is growing rapidly and at its present rate will double itself within 22 years.

Ethnic

The largest groups in Surinam's heterogeneous population are the Creoles, Hindustanis, and Indonesians. There are also Chinese, European, Amerindian, and Bush Negro groups.

Language

Dutch is the official and commercial language. Chinese, English, Spanish, French, Javanese, and Hindi are also used, as well as a native dialect 'Taki-taki'.

Religion

There are several religious groups including Roman Catholics, Muslims, Hindus, Moravian Bretheren, Dutch Reformed, Lutheran and Confucian.

Economy

The economy is primarily based on the bauxite industry, supported by agriculture and industry. Bauxite, alum, and aluminium form about two-thirds of total exports which also include rice, sugar, and citrus fruits.

Communications/Education

In a country with less than 100 miles of railway roads are the chief form of transport and communication. Five radio and one television station broadcast in all local languages; in 1970 there were 92,000 radio sets and 28,000 television sets. There are four daily newspapers published in Dutch and one in Chinese.

Education is compulsory between seven and twelve years and the majority of schools are state-run. Higher and technical education is available at specialized institutions.

Medical/Social Welfare

Health and welfare services are provided by the Government, by Missions, and by commercial companies. There are several modern hospitals.

II. FAMILY PLANNING SITUATION

A private family planning association, supported by the IPPF, provides family planning services in Paramaribo.

Attitudes

The local Government does not hinder the activities of the private association. It has no official policy on population matters although in September 1970 the Minister of Finance spoke for the first time of the urgent need to consider the country's high population growth rate as a factor retarding development. The Dutch Government is willing to provide family planning assistance but cannot do so until the approval of the local Government is obtained.

Legislation

There is a tax on contraceptive materials imported into the country. The private association is seeking to have this removed.

Family Planning AssociationHistory

The association, called Stichting lobi (lobi means love), was founded in 1968 and represents nearly all Surinam's racial groups. It is concerned with family planning and with sex education.

Address.

Stichting Lobi,
P.O. Box 1522
Paramaribo
Surinam.

Personnel.

President: Mr. Evert Tjon A. Hie
Treasurer: Mrs. Tineke Schipper
Secretary: Mr. H. Lont
Administrator: Miss Mildred Zuidveen

Services.

The Foundation runs one clinic in Paramaribo which was opened in 1969. In 1970 it served 166 new acceptors of whom 110 used oral contraceptives and 43 the IUD. The total number of new acceptors since the initiation of services until the end of 1970 was 300. There were 978 follow-up visits in 1970.

By 1972 the clinic was staffed by three doctors, one full-time and one part-time nurse. The staff provide sex instruction and counselling as well as carrying out their routine clinical duties. Gymnastic courses are provided for pregnant women.

Information/Education

The Foundation gives high priority to information and education work, primarily through group and individual personal contact. However in 1972 it intends to make greater use of television spots as this medium reaches a considerable audience. Also in 1972 four newly employed field-workers are carrying out a motivational campaign of house-to-house visits, lectures, and film-shows.

In 1970 the Foundation's doctors held 30 meetings for groups including housewives, students, and women's organizations. Meetings are held at request and the Foundation receives several invitations for speakers. Twelve film shows were held in public cinemas, there were two interviews and two television programmes on family planning and contraceptives.

In 1971 a similar programme was carried out. In September the Foundation organized a booth at a local trade fair.

Training

In 1970 and 1971 staff from the Foundation received training in Trinidad, on family planning techniques and the organization of a family planning association, including record keeping. The Foundation plans to provide special training in 1972 for its newly hired field-workers.

Sources

- Stichting Lobi, Annual Report to the IPPF for 1970
- _____, Semi-annual Fiscal Report to the IPPF, January 1
- June 30, 1971.
- The Europa Year Book, 1971. Vol. II.